Division of Public Health F-44724 (10/08)

## **WISCONSIN WELL WOMAN PROGRAM**

BREAST CANCER DIAGNOSTIC AND FOLLOW-UP REPORT (DRF)
Instructions: Before completing this form, refer to the Breast Cancer Diagnostic and Follow-Up Report (DRF) Completion Instructions, F-44724A. For

reimbursement, send the clair	<u>'</u>		isconsin Well Won	nan Program (W	WWP), P.O. Bo	x 6645, Madison	, WI 53716-0	645.	
SECTION I — BILLING PRO	VIDER INFORMATION	l							
1. Provider ID 2. Name — Billing Provider 3. Taxonomy Code			4. Practice Location ZIP+4 Code						
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SECTION II MEMBER DE	PSONAL INCORMATI	ON							
SECTION II — MEMBER PE	ROUNAL INFURMATI								
<ol><li>Last Name — Member</li></ol>		6. First Name — Member				7. Midd	7. Middle Initial — Member		
8. Previous Last Name — Me	mber	9. Men	nber Identification I	Number		10. Date	of Birth (MM	I/DD/CCYY)	
SECTION III — BREAST DIA	GNOSTIC PROCEDU	RES							
ADDITIONAL MAMMOGRAPHIC VIEWS					FILM COMPARISON				
11. Date Performed (MM/DD/CCYY)			21. Date Performed (MM/DD/CCYY)						
12. Name — Rendering Provider (Print)			22. Name — Rendering Provider (Print)						
12. Name Rendering 1 10vi	der (i iiit)			22. Name — Nendering Freducti (Frint)					
40 PEOULT (OL 1 0 P	0.1.)			OO DEOLUT	(OL 1 O D	0.1.)			
13. RESULT (Check One Box	(Only)			23. RESULT (Check One Box Only)					
□ Negative (BI-RADS 1)	DO 0)				□ Negative (BI-RADS 1)				
☐ Benign Findings (BI-RA				☐ Benign	Findings (BI-R	ADS 2)	(5) 5 4 5 6		
☐ Probably Benign — Sho					☐ Probably Benign — Short-Term Follow up (BI-RADS 3)				
☐ Suspicious Abnormality		I-RADS	4)		□ Suspicious Abnormality — Consider Biopsy (BI-RADS 4) □ Highly Suggestive of Malignancy (BI-RADS 5)				
☐ Highly Suggestive of Ma								15 1 (; )	
☐ Assessment Incomplete	e (Findings Require Add	ditional E	valuation)	☐ Assessment Incomplete (Findings Require Additional Evaluation)					
(BI-RADS 0)				(BI-RADS 0)					
	EAST CONSULTATIO	N		FINE NEEDLE ASPIRATION					
14. Date Performed (MM/DD/CCYY)				24. Date Performed (MM/DD/CCYY)					
<ol><li>Name — Rendering Provi</li></ol>	der (Print)			25. Name —	25. Name — Rendering Provider (Print)				
16. RESULT / RECOMMEND	26. RESULT (Check One Box Only)								
□ No Intervention, Routine		.x. 0,			spicious for Car				
☐ Short-Term Follow up	o i onom up			☐ Suspicious for Cancer					
☐ Biopsy / FNA Recomme	☐ No Fluid or Tissue Obtained								
BIOPSY				ULTRASOUND					
17. Date Performed (MM/DD/CCYY)				27. Date Performed (MM/DD/CCYY)					
18. Name — Rendering Provi									
16. Name — Rendening Provi	der (Fillit)			Zo. Name —	28. Name — Rendering Provider (Print)				
10 Diagon Associated Incomin	- DM	D 1 114		OO DEOLUT	(Ob I- O D -	O-1-1			
19. Biopsy Associated Imagin		□ Ultra	sound	29. RESULT (Check One Box Only)					
20. RESULT (Check One Box	• /			☐ Negative (BI-RADS 1)					
Normal Breast Tissue			n Situ (DCIS)*		☐ Benign Findings (BI-RADS 2)				
Other Benign Changes			in Situ (LCIS)	☐ Probably Benign — Short-Term Follow up (BI-RADS 3)					
Atypical Hyperplasia	Invasive B	reast Ca	ncer*		☐ Suspicious Abnormality — Consider Biopsy (BI-RADS 4)				
*Treatment Required				☐ Highly Suggestive of Malignancy (BI-RADS 5) ☐ Assessment Incomplete (Findings Require Additional Evaluation)					
					(BI-RADS 0)				
Ob a discreticadi a da a a additi a sa di	- II	/\^/\^/D		(DI-14-1	.00 0)				
Shading indicates additional f	ollow up required for w	WWP.							
30. NOTES									
31. RECOMMENDATION									
☐ Follow Routine Screenii	na Schedule	Mo	onths	☐ Short-Term F	ollow up	Months			
☐ Additional Mammograpl		□ Ultra:		☐ Breast Consu		☐ Fine Needle As	spiration	□ Biopsy	
☐ Treatment	THO VICWO	<b>-</b> 0a.	Journa	<b>Dicast Const</b>	illution (	a i ine i vecale / le	Spiration	□ Biopoy	
	NOSIS — Check One	Box Only	1						
32. STATUS OF FINAL DIAGNOSIS — Check One Box Only  ☐ Complete* ☐ Pending ☐ Member Deceased ☐					v un	Refused Work	-un		
*Must complete Element 33 (Final Diagnosis).				□ Lost to Follow up □ Refused Work-up					
		1 ·	- Flament 00 (0) 1	e of Fig1 Di-	:-1\				
33. FINAL DIAGNOSIS (Requ	•		ı ⊨ıement 32 [Statu	is of Final Diagn	osisj.)				
Date (MM/DD/CCYY) if any box below is checked  □ Breast Cancer Not Diagnosed □ Lobular Carcinoma in Situ (LCIS) □ Ductal Carcinoma in Situ (DCIS)* □ Invasive Breast Cancer**									
Breast Cancer Not Diag		arcinoma	` ,	☐ Ductal Carcin			Invasive Bre		
*Complete Treatment Date ar	nd Treatment Status.		**Complete Trea	atment Date, Tre	atment Status,	Tumor Stage, an	d Tumor Size		
								Continued	

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SECTION III — BREAST DIAGNOSTIC PROCEDURES (Continued)										
34. TUMOR STAGE AND	TUMOR SIZE (AJCC)	— Required if invasive	breast cancer.							
□ Stage I	□ Stage II	□ Stage III	□ Stage IV	Tumor size	cm					
35. TREATMENT STATUS	i									
☐ Treatment Started			Refused by Mer	☐ Refused by Member						
Lost to Follow up			Alternative Trea	☐ Alternative Treatment (e.g., homeopathic therapy, herbal medicine, etc.)						
Member Deceased										
36. TREATMENT DATE (M	IM/DD/CCYY)									